

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90451 025 ***150.00

DOCUMENT # F95000001957

1. Entity Name

~~OLSTEN~~ FLYING NURSES CORP.
 IntelliStaf

Principal Place of Business

175 BROAD HOLLOW RD.
 MELVILLE NY 11747

Mailing Address

175 BROAD HOLLOW RD.
 MELVILLE NY 11747

2. Principal Place of Business

1000 South Rodney Prehm Road

3. Mailing Address

1000 South Rodney Prehm Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Little Rock, Arkansas

City & State

Little Rock, Arkansas

4. FEI Number

11-3257108

Applied For

Not Applicable

Zip

72204

Country

USA

Zip

72204

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 4435 OLD WINTER GARDEN ROAD
 ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FUSCO, ROBERT A	
STREET ADDRESS	175 BROAD HOLLOW RD.	
CITY-STATE-ZIP	MELVILLE NE	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOELSEN, THOMAS M	
STREET ADDRESS	175 BROAD HOLLOW RD.	
CITY-STATE-ZIP	MELVILLE NY	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LADERROUTE, LAURIN L JR	
STREET ADDRESS	175 BROAD HOLLOW RD.	
CITY-STATE-ZIP	MELVILLE NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COSTANTINI, WILLIAM P	
STREET ADDRESS	175 BROAD HOLLOW RD.	
CITY-STATE-ZIP	MELVILLE NY	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	COLLURA, JOHN J	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-STATE-ZIP	MELVILLE NY	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MA, PATRICIA C	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-STATE-ZIP	MELVILLE NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Refer to Supplemental Attachment for a complete list of officers and Directors with correct mailing addresses and titles.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Reed Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Reed Thompson

VP of Finance

04/24/01

Date

(501)265-6004

Daytime Phone #

CR2E034 (10/00)

Attachment
#F95000001957
-D0043731

InteliStaf Flying Nurses Corp.
Federal Identification No. 11-3257108

Florida 2001 Uniform Business Report (UBR)
Officers And Directors - Supplemental Attachment

Title	Name	Address	City	State	Zip Code
President	Ralph J. Friedmann, III	1900 Spring Road, Suite 515	Oak Brook	IL	60523
VP, Sec, Treas	Walter S. Jin	520 Madison Avenue, 41 st Floor	New York	NY	10022
VP	W. Robert Dahl	520 Madison Avenue, 41 st Floor	New York	NY	10022
VP	Connie Gray	1900 Spring Road, Suite 515	Oak Brook	IL	60523
VP	Carl W. Jack	1000 South Rodney Parham Road	Little Rock	AR	72204
VP	Dan Capra	1900 Spring Road, Suite 515	Oak Brook	IL	60523
VP	Kip Weatherwax	1900 Spring Road, Suite 515	Oak Brook	IL	60523
VP, Asst Sec, Asst Treas	R. Reed Thompson	1000 South Rodney Parham Road	Little Rock	AR	72204
Asst Sec	Myra F. Friedmann	1000 South Rodney Parham Road	Little Rock	AR	72204
Director	Ralph J. Friedmann, III	1900 Spring Road, Suite 515	Oak Brook	IL	60523
Director	R.J. Friedmann, Jr.	1000 South Rodney Parham Road	Little Rock	AR	72204
Director	W. Robert Dahl	520 Madison Avenue, 41 st Floor	New York	NY	10022
Director	Walter S. Jin	520 Madison Avenue, 41 st Floor	New York	NY	10022
Director	Ryan Schwarz	520 Madison Avenue, 41 st Floor	New York	NY	10022